

REIMBURSEMENT REQUEST SUBMITTAL CHECKLIST

PETROLEUM FUND CASE ID NO.: _____

STATE FACILITY ID NO.: _____ **DATE OF SUBMITTAL:** _____

_____ **SIGNED INVOICE ITEMIZATION SHEETS**

_____ **SIGNED EQUIPMENT ACCOUNTABILITY FORM**

_____ **WRITTEN BIDS (IF NECESSARY)**

_____ **APPROPRIATE NTEP CONCURRENCE LETTER(S)**

_____ **WORK SCOPE APPROVAL LETTER(S) IF REGULATORY OVERSIGHT IS
BEING CONDUCTED BY THE WASHOE COUNTY DISTRICT HEALTH
DEPARTMENT**

_____ **DATE THE WORK WAS PERFORMED ON ALL NON-CEM INVOICES**

_____ **ITEM(S) SHIPPED SPECIFIED ON SHIPPING INVOICES (sample, equipment,
document, etc.)**